

#5 Receipt

**ROBERT W. BECKER & ASSOCIATES**

**Patent and Trademark Law**

11896 N. Highway 14, Suite B

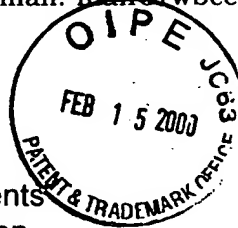
Tijeras, New Mexico 87059

Telephone: (505) 286-3511

Telefax: (505) 286-3524

E-mail: mail@rwbecker.com

February 9, 2000



Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231

Re: U.S. Patent Application Ser.No. 09/394,135  
Dr. Holger K. Essiger Group: 3732

Attn: APPLICATION DIVISION

Sir:

Please find enclosed the Filing Receipt in the above identified patent application.

It is respectfully requested that a corrected Filing Receipt be issued and sent to the undersigned with the changes as indicated on the enclosed copy.

Your prompt attention to this matter is appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Robert W. Becker".

Robert W. Becker

RWB:tv  
Encl.

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MAR 27 2000  
TECHNOLOGY CENTER 3700

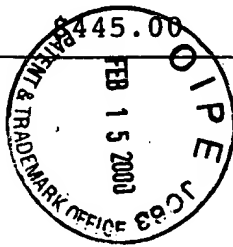
FILING RECEIPT  
CORRECTED



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTORNEY DOCKET NO. | DRWGS | TOT CL | IND CL |
|--------------------|-------------|--------------|---------------|---------------------|-------|--------|--------|
| 09/394,135         | 09/10/99    | 3732         | 8445.00       |                     | 2     | 40     | 3      |

ROBERT W BECKER & ASSOCIATES  
11896 N HIGHWAY 14  
SUITE B  
TIJERAS NM 87059



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Internal Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) **DR.** HOLGER K. ESSIGER, WEDEMARK, FED REP GERMANY.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 09/113,031 07/09/98

|                       |                 |              |          |
|-----------------------|-----------------|--------------|----------|
| FOREIGN APPLICATIONS- | FED REP GERMANY | 197 29 222.4 | 07 09    |
|                       | FED REP GERMANY | 198 03 628.0 | 09/07/97 |
|                       |                 |              | 01/02/98 |
|                       |                 |              | 02 01    |

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/29/99 \*\* SMALL ENTITY \*\*  
TITLE

DEVICE FOR REGENERATING, REPAIRING, AND MODELING HUMAN AND ANIMAL  
BONE, ESPECIALLY IN THE JAW AREA FOR DENTAL APPLICATIONS

PRELIMINARY CLASS: 433

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MAR 27 2000  
TECHNICAL STAFF 3100

DATA ENTRY BY: DADE, JOAN

TEAM: 03 DATE: 12/02/99



(See reverse for new important information)

**FILE COPY**

Bib Data Sheet

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|                                    |   |                     |                               |                                 |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/394,135 | <b>FILING DATE</b><br>09/10/1999<br><b>RULE</b> - | <b>CLASS</b><br>433 | <b>GROUP ART UNIT</b><br>3732 | <b>ATTORNEY DOCKET NO.</b><br>- |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------|

**APPLICANTS**  
DR. HOLGER K. ESSIGER, WEDEMARK, ;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CIP OF 09/113,031 07/09/1998 ABN *yes u*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
GERMANY 197 29 222.4 07/09/1997 *yes u*  
GERMANY 198 03 628.0 02/01/1998

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 09/29/1999** **\*\* SMALL ENTITY \*\***

|  |                              |                            |                           |                                |
|--|------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR COUNTRY</b><br>- | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>40 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                              |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                              |                            |                           |                                |

**ADDRESS**  
ROBERT W BECKER & ASSOCIATES  
11896 N HIGHWAY 14  
SUITE B  
TIJERAS, NM 87059

**TITLE**  
DEVICE FOR REGENERATING, REPAIRING, AND MODELING HUMAN AND ANIMAL BONE, ESPECIALLY THE JAW AREA FOR DENTAL APPLICATIONS

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>445 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
|                                   |   | <input type="checkbox"/> Credit                                |